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Total Number of Pages in This Submission

Application Number 10/519,170-Conf. #5297 Filing Date December 20, 2004 First Named Inventor Malcolm Leslie Hodder GREEN Art Unit 1755 Examiner Name P. L. Hailey Attorney Docket Number **ISI-005US**

ENCLOSURES (Check all that apply)							
X Fee Transi	mittal Form	Drawing(s)		After Allowance Communication to TC			
Fee /	Attached	Licensing-related Papers		Appeal Communication to Board of Appeals and Interferences			
Amendmer	nt/Reply	Petition	Appeal Communication to TC (Appeal Notice, Brief, Reply Brief)				
After	Final	Petition to Convert to a Provisional Application	Proprietary Information				
Affid	avits/declaration(s)	Power of Attorney, Revocation Change of Correspondence	Status Letter				
Extension	of Time Request	Terminal Disclaimer	Terminal Disclaimer X Other Enclose Identify below)				
Express At	pandonment Request	Request for Refund		Issue Fee Transmittal PTOL 85 Certificate of Express Mailing			
Information	n Disclosure Statement	CD, Number of CD(s)		Return Receipt Postcard			
Certified C	opy of Priority (s)	Landscape Table on CD					
	issing Parts/ Application	Remarks					
Reply to Missing Parts under							
	SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT						
Firm Name	LAHIVE & COCKFIELD, LLP						
Signature	11						
Printed name Danielle L. Herritt				74 - A - A - A - A - A - A - A - A - A -			
Date			Reg. No.	40.070			
	October 22, 2007	Acg. No		43,670			

Express Mail Label	I No. EV 957669741 US	Dated: October 22, 2007

PTO/SB/17 (10-07)
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Effective on 12/08/2004.			Complete if Known					
Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).						•	- Conf. #5297	
FEE TRANSMITTAL			Filing Date		December 20, 2004			
For FY 2008			First Named Inve	entor [<u> Malcolm Les</u>	slie Hod	der	
F01 F1 2006			Examiner Name P. L. Hailey					
Applicant claims small entity stat	us. See 37 CFR 1.27		Art Unit		1755			
TOTAL AMOUNT OF PAYMENT	(\$) 1,749.00		Attomey Docket I	No. I	SI-005US	- <u>.</u>		
METHOD OF PAYMENT (check	all that apply)							
Check Credit Card	Money Order	None	Other (p	olease identify	v):			
x Deposit Account Deposit Account	Number: 12-00	080	Deposit A	Account Name	Lahive &	Cockfiel	d, LLP	
For the above-identified depo	sit account, the Dire	ector is h	nereby authorize	d to: (chec	k all that apply)			
x Charge fee(s) indicated	i below		Charge	e fee(s) ind	icated below, ex	cept for t	he filing fee	
Charge any additional fee(s) under 37 CFR 1.		ents of	x Credit	any overpa	ayments			
FEE CALCULATION								
1. BASIC FILING, SEARCH, AND E	XAMINATION FEES	3						
FI	LING FEES	SEA	RCH FEES	EXAMIN	ATION FEES			
Application Type Fee (\$	Small Entity) Fee (\$)	Fee (\$)	Smail Entity Fee (\$)	Fee (\$)	Smail Entity Fee (\$)	Fees	Paid (\$)	
Utility 310	155	510	255	210	105			
Design 210	105	100	50	130	65			
Plant 210	105	310	155	160	80			
Reissue 310	155	510	255	620	310			
Provisional 210	105	0	0	0	0			
2. EXCESS CLAIM FEES		_	_	-			Small Entity	
Fee Description						Fee (\$)	Fee (\$)	
Each claim over 20 (including Reiss	•					50	25	
Each independent claim over 3 (incl	uding Reissues)					210	105	
Multiple dependent claims						370	185	
Total Claims Extra Claims	Fee (\$)	Fee Pa	aid (\$)	<u>Μι</u>	ultiple Depende	nt Claims	1	
- 20 = HP = highest number of total claims paid for	x =			<u>Fe</u>	<u>e (\$)</u> <u>F</u>	Fee Paid (<u>\$)</u>	
Indep. Claims Extra Claims	Fee (\$)	Fee Pa	aid (\$)	-				
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3. APPLICATION SIZE FEE								
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listings under 37 CFR 1.52(e)),				or small er	ntity) for each ac	dditional 5	50	
sheets or fraction thereof. See 3						_	D. 1.1.40	
Total Sheets Extra Sheets Number of each additional 50 or fraction thereof Fee (\$) Fee Paid (\$)								
4. OTHER FEE(S) (round up to a whole number) x Fees Paid (\$)								
Non-English Specification, \$130 fee (no small entity discount)								
Other (e.g., late filing surcharge): 1501 Utility issue fee 1,440.00								
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SUBMITTED BY								
Signature			Registration No.	43 670	Telephone	(617) 00	94-0853	

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Name (Print/Type)	Danielle L. Herritt		Date	October 22, 2007

Express Mail Label No. EV 957669741 US Dated: October 22, 2007 cation No. (if known): 10/519,170

Attorney Docket No.: ISI-005US

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Feed, Prasmitist. This perificate cannot be used for any other accompany) papers. Each additional paper, such as a basignment of formal drawing makes to some certificate of midling or transmission. LAHIVE & COCKFIELD, LLP ONE POST OFFICE SQUARE BOSTON, MA 02109-2127 LAHIVE & COCKFIELD, LLP ONE POST OFFICE SQUARE BOSTON, MA 02109-2127 LONG POST OFFICE SQUARE BOSTON, MA 02109-2127 APPLICATION NO. FILING DATE FIRST NAMED INVENTOR ATTORNEY DOCKET NO. CONFIRMATION NO. 10/519,170 12/20/2004 Malcolm Green 18/23/2887 MOSTURE 80880865 128988 129/31/378 APPLICATION SCATALYST 18/20/2004 Malcolm Green 18/23/2887 MOSTURE 80880865 128988 129/31/378 APPLIN TYPE SMALL ENTITY ISSUE FEE DUE PUBLICATION FEE DUE PREV. PAID ISSUE FEE TOTAL FEE(S) DUE DATE DUE nonprovisional NO \$MMRX \$1440 \$300 \$0 \$18/20/2887 MOSTURE 80880865 128988 129/31/378 EXAMINER ART UNIT CLASS-SUBCLASS HAILEY, PATRICIA L 1755 500-180000 L.Change of correspondence address or indication of "Fee Address" (37 Change of Correspondence address or indication of "Fee Address" (37 Change of Correspondence address or indication of "Fee Address" (37 Change of Correspondence address or indication of "Fee Address" (37 Change of Correspondence address or indication of "Fee Address" (37 Change of Correspondence address or indication of "Fee Address" (37 Change of Correspondence address or indication of "Fee Address" (37 Change of Correspondence address or indication of "Fee Address" (37 Change of Correspondence address or indication of Tee Address" (37 Change of Correspondence address or indication of Tee Address" (37 Change of Correspondence address or indication of Tee Address" (37 Change of Correspondence address or indication of Tee Address" (37 Change of Correspondence address or indication of Tee Address" (37 Change of Correspondence address or indication of Tee Address indication for milk by indication for the patent of the patent from the patent of the patent o	STRUCTIONS This appropriate All further indicated unless correct maintenance fee notifica	form should be used correspondence includied below or directed outlines.	for transmitting the ISS ng the Patent, advance herwise in Block 1, by	SUE FEE and PUBLIC	ATION FEE (if required).	Blocks 1 through 5 sho	ould be completed where
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nonprovisional NO \$1440 \$300 \$0 \$\frac{1}{3}482 \$1740 \$10/22/2007 EXAMINER ART UNIT CLASS-SUBCLASS HAILEY, PATRICIA L 1755 \$502-180000 Change of correspondence address or indication of "Fee Address" (37 PR 1.563). Change of correspondence address (or Change of Correspondence Address or indication (or "Fee Address" indication form PTO/SB/122) attached. "Fee Address" indication (or "Fee Address" Indication form PTO/SB/122) attached. Use of a Customer Number is required. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type) PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filled for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment. (A) NAME OF ASSIGNEE (B) RESIDENCE: (CITY and STATE OR COUNTRY) Assumed assignee category or categories (will not be printed on the patent): Individual Corporation or other private group entity Government as a standard overpayment, for Deposit Account Number 12 -0008 (enclose an extra copy of this form).					02 FC:1504	300.00 DA	
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The Address indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type) PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment. (A) NAME OF ASSIGNEE (B) RESIDENCE: (CITY and STATE OR COUNTRY) lease check the appropriate assignee category or categories (will not be printed on the patent): Individual **Corporation or other private group entity **Government** 4b. Payment of Fee(s): (Please first reapply any previously paid Issue fee shown above) Sisue Fee	JEK 1.303).		•	(1) the names of up	to 3 registered patent attorn	icys	
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PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment. (A) NAME OF ASSIGNEE (B) RESIDENCE: (CITY and STATE OR COUNTRY) Please check the appropriate assignee category or categories (will not be printed on the patent): Individual Corporation or other private group entity Government of Fee(s) are submitted: Ab. Payment of Fee(s): (Please first reapply any previously paid issue fee shown above) A check is enclosed. Publication Fee (No small entity discount permitted) Advance Order - # of Copies 3 Payment by credit card. Form PTO-2038 is attached. The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number 12-0080 (enclose an extra copy of this form).	. ASSIGNEE NAME AT	ND RESIDENCE DATA	TO BE PRINTED ON	THE PATENT (print or	(vne)	<u> </u>	
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4b. Payment of Fee(s): (Please first reapply any previously paid Issue fee shown above) Issue Fee	Please check the appropri	ate assignee category or	categories (will not be p	rinted on the patent) :	☐ Individual ☐ Corporati	on or other private group	entity Government
. Change in Entity Status (from status indicated above)	Issue Fee Publication Fee (No	o small entity discount p		b. Payment of Fee(s): (P A check is enclosed Payment by credit	lease first reapply any prev d. card. Form PTO-2038 is atta	iously paid issue fee sho	own above)
NOTE: The Issue Fee and Publication Fee (if required) will not be accepted from anyone other than the applicant; a registered attorney or agent; or the assignee or other party interest as shown by the records of the United States Patent and Trademark Office	a. Applicant claims	SMALL ENTITY statu	s. See 37 CFR 1.27.	☐ b. Applicant is no l	onger claiming SMALL FNT	TTV status See 37 CED	1 27(a)(2)

Danielle L. Herritt Registration No. 43,670 Typed or printed name This collection of information is required by 37 CFR 1.311. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, Virginia 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, Virginia 22313-1450.

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October 22, 2007